

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective December 29, 1999

Application or Docket Number

09 | 612919

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	12	minus 20 = *
INDEPENDENT CLAIMS	2	minus 3 = *
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY**

TYPE

OR **OTHER THAN  
SMALL ENTITY**

RATE	FEES	RATE	FEES
	345.00	OR	690.00
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL		OR TOTAL	690

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

**SMALL ENTITY**

OR **OTHER THAN  
SMALL ENTITY**

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

**ADDITIONAL FEE**

**ADDITIONAL FEE**

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	*	Minus	**	=
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

**ADDITIONAL FEE**

**ADDITIONAL FEE**

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY  
It does NOT get mailed to the applicant.

**NOTICE OF FILING / CLAIM FEE(S) DUE  
(CALCULATION SHEET)**

APPLICATION NUMBER: 09 612919

**Total Fee Calculation**

Fee Code Simplif.	Total # Claims	Number Estm.	Fee		Fee	Total
			Std. Entity	Eq. Entity		
Basic Filing Fee	<u>201.00</u>					<u>690</u>
Total Claims: > 20	<u>201.00</u>	<u>12</u>				
Independent Claims: > 1	<u>202.00</u>	<u>2</u>				
Multi-Dep. Claim Present	<u>204.00</u>					
Surcharge	<u>205.00</u>					
English Translation	<u>150</u>					<u>130/45</u>
<b>TOTAL FEE CALCULATION</b>						<u>820</u>

Fees due upon filing the application

Total Filing Fees Due = \$ 820

Less Filing Fees Submitted = \$ 0

BALANCE DUE = \$ 820

*SMC*  
Office of Initial Patent Examination